

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2000 — 14

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.321 & 440.90

7. FEDERAL BUDGET IMPACT: **-SAVINGS-**a. FFY 2001 \$ 206b. FFY 2002 \$ 274

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 33a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 33a

10. SUBJECT OF AMENDMENT:

Surgical Dental Services in Ambulatory Surgical Centers

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☒ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Acting Deputy Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Mr. Bob Sharpe

Acting Deputy Secretary for Medicaid
Agency for Health Care Administration
Post Office Box 12600
Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 15, 2000

18. DATE APPROVED:

January 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. TYPED NAME:

Eugene A. Graesser

21. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

METHODS USED IN ESTABLISHING PAYMENT RATES

1/1/2001

CLINIC SERVICES: Ambulatory Surgical Centers

Ambulatory surgical centers are reimbursed using Medicare rates for procedures rendered, with the exception of dental procedures which are reimbursed at Medicaid designated rates. Medicaid designated rates are established using Medicare ambulatory surgical groupings as determined by the Agency. The agency's payments equal but do not exceed Medicare's rates, per 42 CFR 447.321.

Amendment 2000-14
Effective 1/1/2001
Supersedes 93-61
Approval JAN 29 2001

Revised Submission 1/23/2001